



*COPS Application Booklet*

[www.cops.usdoj.gov](http://www.cops.usdoj.gov)

# Universal Hiring Program 2003 Application Booklet

Postmark deadline date for  
Universal Hiring Program 2003 applications:

June 6, 2003

U.S. Department of Justice  
Office of Community Oriented Policing Services  
Carl R. Peed, Director  
OMB Approval Number: 1103-0027



# Universal Hiring Program 2003

## Application Booklet

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The Universal Hiring Program application is designed to assist law enforcement agencies seeking to add additional, new career law enforcement officers to engage in community policing.

For more information about COPS grants, call the U.S. Department of Justice Response Center at 800.421.6770.



U.S. Department of Justice  
Office of Community Oriented Policing Services  
Universal Hiring Program Control Desk  
1100 Vermont Avenue, NW  
8th floor  
Washington, DC 20530 (use zip 20005 for overnight mail)

COPS Online: [www.cops.usdoj.gov](http://www.cops.usdoj.gov)

Revised March 2003

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## Universal Hiring Program 2003

### PLEASE READ THIS BEFORE APPLYING!

The following application pages and attached forms are to be completed by jurisdictions wishing to apply for federal assistance to pay for the salaries and benefits of additional, new police officer position(s) under the Universal Hiring Program. Universal Hiring Program grants provide 75% of the approved entry-level salary and benefits of each newly hired additional officer position hired on or after the award start date. There is a maximum federal contribution of \$75,000 per additional officer position over the three-year grant period. Any additional salary and benefits must be paid with local funds. A minimum 25% local match is required (unless a waiver of the local match is authorized). The match must be a cash match from funds not previously budgeted for any law enforcement purpose. The federal share must decrease and local share must increase from year to year over the three-year period. All budget calculations must be based on the authorized salary and benefits of an entry-level officer in your department.

**The National Strategy for Homeland Security, the Administration's roadmap for securing the homeland, highlights the key role that state and local governments play in responding to a terrorist attack. In addition, terrorism preparedness and prevention have become key responsibilities for state and local units. As such, while all policing agencies and jurisdictions seeking to establish new policing agencies are eligible to apply for this program, priority consideration will be given to those applications that demonstrate a use of funds related to terrorism preparedness or response through community policing.**

The first and only postmark deadline date for Universal Hiring Program 2003 applications is June 6, 2003.

All applications must be postmarked on or before June 6, 2003 in order to receive funding consideration. All grant awards are subject to the availability of funds. In the event that UHP application funding requests exceed available grant funds, your request may be considered in subsequent fiscal years. Applications postmarked after June 6, 2003 will not be considered.

Please note that if your agency submitted a UHP application during 2002, and if that application remains in the COPS Office on a "pending" status, you do not need to re-apply for UHP funding. Your application is considered pending if the COPS Office has not yet notified your agency that the application you submitted in 2002 was either accepted or rejected. Pending application will receive additional consideration in fiscal year 2003.

Applications must be typed; submit one original and two copies of all materials. The original application must have original signatures on all application documents. It is not permissible for someone to sign application forms in place of the law enforcement and/or government executives named in the application. Stamped or electronic signatures will not be accepted. Previous versions of this application are obsolete and may not be used to apply for UHP 2003 funding. **Applications with missing, incomplete or inaccurate responses may not be considered for funding.** For assistance with this application, please contact your COPS Grant Program Specialist at 800.421.6770.

## I. General Information

**Applicant Organization's Legal Name:**

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Applicant Agency ORI Number: \_ \_ \_ \_ \_

*The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you. For further clarification, please refer to your Application Instructions Manual on page 13.*

Applicant Agency EIN Number: \_\_\_\_\_

*The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to your Application Instructions Manual on page 13.*

**Federal Congressional District Number:** \_\_\_\_\_

*Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all those districts above.*

**Is your agency contracting for law enforcement services?** ☐ Yes ☐ No

*If “yes,” enter the name and agency information of the contract law enforcement department in the Executive Information section on page 3. For further clarification in determining if this applies to your agency, please see page 13 of the Application Instructions Manual.*

**In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance.**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

## II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

**Law Enforcement Executive's Name:** \_\_\_\_\_

Title: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail (if applicable): \_\_\_\_\_

**Type of Law Enforcement Agency:**

☐ Municipal ☐ State ☐ County Police Department

☐ Sheriff\* ☐ Tribal ☐ Transit\*

☐ School\*

☐ University/College\* Please indicate: (☐ Public or ☐ Private)

☐ Public Housing\* ☐ New Start-Up\* (please specify): \_\_\_\_\_

☐ Other\* (please specify): \_\_\_\_\_

*\* Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application. Refer to page 3 of the Application Instructions Manual for more information.*

**Government Executive's Name:** \_\_\_\_\_

Title: \_\_\_\_\_ Name of Government Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail (if applicable): \_\_\_\_\_

**Type of Government Entity:**

☐ State ☐ City ☐ Town ☐ County

☐ Village ☐ Borough ☐ Township ☐ Territory

☐ Region ☐ Council ☐ Community ☐ Pueblo

☐ Nation ☐ School District

☐ Other (please specify): \_\_\_\_\_

**Contact Information:**

Contact person in your department who is familiar with this grant:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail (if applicable): \_\_\_\_\_

### III. Department Information

**Population served as of 2000 U.S. Census:** \_\_\_\_\_

**If the population that your agency serves is not represented by U.S. Census figures (e.g., colleges, special departments, etc.), please indicate the size of the population served here:** \_\_\_\_\_

**Square miles covered by your agency:** \_\_\_\_\_

*Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority.*

**Current budgeted locally-funded sworn force strength as of the date of application:** Full-time officers: \_\_\_\_\_ Part-time officers: \_\_\_\_\_

*The budgeted locally-funded sworn force strength is the number of sworn officer positions your department has allocated for its budget, including state and locally-funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff.*

**Current actual locally-funded sworn force strength as of the date of application:** Full-time officers: \_\_\_\_\_ Part-time officers: \_\_\_\_\_

*The actual locally-funded sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.*

### IV. Officer Request Information

**What is the total number of new officer position(s) your agency is applying for with this Universal Hiring Program application?**

**Full-time:** \_\_\_\_\_ **Part-time:** \_\_\_\_\_

*Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can realistically support.*

**\*Total amount of federal funds requested for all full-time and part-time officers:**  
\$ \_\_\_\_\_

From Page 31, Box A on Budget Information Worksheets

**\*Total non-federal matching funds required (local share):**

\$ \_\_\_\_\_  
From Page 31, Box B on Budget Information Worksheets

*\*To answer these questions, complete and refer to the Universal Hiring Program 2003 Budget Information Worksheets provided in this Application Booklet.*

**Is your agency requesting a waiver of the local match requirement due to severe fiscal distress?**

[ ] Yes [ ] No

*If "yes," you must provide written justification as required per the Universal Hiring Program Waiver Information Worksheet. For further information, please refer to the "Guidelines for Waivers of the Local Match" section in the Application Instructions Manual, page 5. **Requests for a waiver of the local match submitted without supporting documentation will not be considered.***



## V. Terrorism Preparedness

The questions below relate to your agency's present and anticipated homeland security/anti-terrorism efforts. Please answer all questions below as completely and accurately as possible. However, please do not include any *confidential or classified* information in your responses. For the last question in this section, do not exceed the 250-word limit specified. Additionally, your responses *must* be consistent with the definitions of homeland security/anti-terrorism and terrorism as defined below.

***Homeland Security/Anti-Terrorism:*** *Your agency's efforts to detect, prepare for, prevent, protect against, respond to, and recover from terrorist attacks within your jurisdiction.*

***Terrorism:*** *An act that 1) is dangerous to human life or potentially destructive of critical infrastructure or key resources, and is a violation of the criminal laws of the United States or of any state or other subdivision of the United States, and 2) appears to be intended to intimidate or coerce a civilian population, to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination, or kidnapping.*

1. On average, how many hours per week have your *current* officers spent on homeland security-related activities in the past year? [Check one]

☐ 0 hours or only on an as-needed basis      ☐ 11-20 hours per week  
☐ 1-5 hours per week      ☐ 21-30 hours per week  
☐ 6-10 hours per week      ☐ 30+ hours per week

2. On average, how many hours per week would the *requested* UHP officers would be assigned specifically to anti-terrorism/homeland security activities? [Check one]

☐ 0 hours or only on an as-needed basis      ☐ 11-20 hours per week  
☐ 1-5 hours per week      ☐ 21-30 hours per week  
☐ 6-10 hours per week      ☐ 30+ hours per week

3. If your UHP request is granted, what is the average number of hours of homeland security/anti-terrorism training you anticipate that the awarded officers will receive annually?

☐ 0 hours or only on an as-needed basis      ☐ 11-20 hours per year  
☐ 1-5 hours per year      ☐ 20+ per year  
☐ 6-10 hours per year      ☐ Don't know

4. Do you have any of the following critical infrastructures *within* your law enforcement jurisdiction? [Please check *all* that apply, and provide a one to three word description for each item that is checked.]

☐ Major bridges or tunnels \_\_\_\_\_  
☐ Significant national or regional monuments \_\_\_\_\_  
☐ Major sites of historical significance \_\_\_\_\_  
☐ Skyscrapers or tall apartment/commercial buildings \_\_\_\_\_  
☐ Nuclear reactors/plants \_\_\_\_\_  
☐ Dams or hydro-electric facilities \_\_\_\_\_  
☐ Reservoirs or other major public water systems \_\_\_\_\_  
☐ Major electric or other power plants (non-nuclear or hydro-electric) \_\_\_\_\_  
☐ Chemical plants or storage facilities \_\_\_\_\_

**Question 4 (continued):**

- ☐ Buildings that house/develop/maintain biologically hazardous materials \_\_\_\_\_
- ☐ Borders with other countries (e.g., Mexico, Canada) \_\_\_\_\_
- ☐ Airports utilized by commercial aircraft \_\_\_\_\_
- ☐ Trains or subway systems \_\_\_\_\_
- ☐ Major waterway ports of entry \_\_\_\_\_
- ☐ Oil/petroleum refineries, pipes, or storage facilities \_\_\_\_\_
- ☐ Major tourist attractions (e.g., major theme parks, zoos) \_\_\_\_\_
- ☐ Major sporting arenas (e.g., collegiate or professional stadiums) \_\_\_\_\_
- ☐ Major sporting or public events \_\_\_\_\_
- ☐ Active military bases \_\_\_\_\_
- ☐ Major communication centers (e.g., TV, radio, Internet, satellite, newspapers) \_\_\_\_\_
- ☐ Strategic missile or other weapon sites \_\_\_\_\_
- ☐ Centers of government (e.g., state capitals) \_\_\_\_\_
- ☐ Major financial centers \_\_\_\_\_
- ☐ Major industrial centers \_\_\_\_\_
- ☐ Immigration ports of entry \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**5. Has your agency participated in any type of joint terrorism task force activity, or are such activities planned in the near future?**

☐ Yes ☐ No [Check one]

**6. Does your agency/jurisdiction have any of the following currently in place, or do you plan to implement any of the following if awarded? [Please check *all* that apply]**

- ☐ Public anti-fear campaigns
- ☐ Evacuation plans
- ☐ Bomb threat protocols
- ☐ Protection protocols against major cyber-attacks
- ☐ Public broadcast systems/reverse 911/email notification protocols
- ☐ Printed and publicly disseminated documents on citizen preparedness (including Website information)
- ☐ Public/community meetings focused on homeland security/citizen preparedness
- ☐ Increased sworn officer presence at potential terrorism targets.
- ☐ Riot control protocols
- ☐ Decontamination units/plans

**7. How many officers within your agency have been called up as full time military reservists in the past year (and are therefore no longer available for local policing services)?**

- ☐ 0
- ☐ 1-5
- ☐ 6-10
- ☐ 11-50
- ☐ Over 50

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## VI. Required Signatures

Prior to any UHP grant award, your agency must comply with all application and program requirements set forth in the Public Safety Partnership and Community Policing Act of 1994 and all other requirements of federal law. Your signatures below certify that by submitting this application, your agency is requesting COPS funding only for officer positions which would not otherwise be funded in your agency's budget with state or local funds.

**Reminder!** In order to process your agency's funding request, original signatures of the law enforcement and government executives who will have ultimate financial and programmatic authority for this grant are required on all application documents. Faxed copies will not be accepted. Stamped or electronic signatures also will not be accepted. It is not permissible for someone to sign application forms in place of the law enforcement and/or government executives named in the application. Applications with missing, incomplete or inaccurate signatures or responses may not be considered for funding.

By signing below, I certify that the information provided on this form and on the attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any other remedy available by law.

### Law Enforcement Executive's Signature:

\_\_\_\_\_  
(Signature of person named in Section II of this form)      Date: \_\_\_\_\_

### Government Executive's Signature:

\_\_\_\_\_  
(Signature of person named in Section II of this form)      Date: \_\_\_\_\_

**Send one original and two copies of all application materials. Refer to the Universal Hiring Program 2003 Application Checklist to ensure that all required documents are being submitted. Completed applications should be sent to:**

**Universal Hiring Program Control Desk  
U.S. Department of Justice,  
Office of Community Oriented Policing Services  
1100 Vermont Avenue, NW  
8th floor  
Washington, DC 20530 (use zip 20005 for overnight mail)**

**Reminder: Applications postmarked after June 6, 2003 will not be considered.**  
*Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws and/or is not cooperating with an ongoing federal civil rights investigation.*



# Retention Plan Certification

## U.S. Department of Justice

*Office of Community Oriented Policing Services (COPS)*

**Instructions:** All agencies applying for Universal Hiring Program grant monies to hire additional officer positions must submit this Certification with their application. Please review COPS retention requirements thoroughly in the “How to Apply” section of the Application Instructions Manual before signing this form. If you have questions, please call the U.S. Department of Justice Response Center at 800.421.6770, and ask to speak with your Grant Program Specialist.

- I. Universal Hiring Program grantees are required to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer’s position. The additional officer positions should be added to your agency’s law enforcement budget with state or local funds for at least one full local budget cycle, over and above all other locally-funded officer positions that would have existed regardless of the grant, from the time that the 36 months of grant funding for each COPS position expires. Absorbing Universal Hiring Program officers through attrition (rather than adding the extra positions to your budget with additional funding) does not meet the retention requirement.

We, \_\_\_\_\_, certify that we have read and understand the COPS Office retention requirements.  
(Applicant Organization’s Legal Name)

Furthermore, we certify that if awarded, our agency plans to comply, in full, with those requirements.

- II. Use the space below to explain how your department currently plans to retain any additional officer positions awarded. Please be as specific as possible about the source(s) of retention funding (General Fund revenues, local ballot item, etc.) your agency plans to utilize. If additional space is needed, please continue your explanation on department letterhead. A missing or incomplete response could affect your ability to receive funding.

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- III. Required Signatures – Original signatures (in ink) of both the law enforcement and government executives are required below:

### Law Enforcement Executive

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

### Government Executive

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_



## Assurances

Several provisions of federal law and policy apply to all grant programs. We (the Office of Community Oriented Policing Services) need to secure your assurance that the applicant will comply with these provisions. If you would like further information about any of these assurances, please contact your state's COPS Grant Program Specialist at (800) 421-6770.

By the applicant's authorized representative's signature, the applicant assures that it will comply with all legal and administrative requirements that govern the applicant for acceptance and use of federal grant funds. In particular, the applicant assures us that:

1. It has been legally and officially authorized by the appropriate governing body (for example, mayor or city council) to apply for this grant and that the persons signing the application and these assurances on its behalf are authorized to do so and to act on its behalf with respect to any issues that may arise during processing of this application.
2. It will comply with the provisions of federal law which limit certain political activities of grantee employees whose principal employment is in connection with an activity financed in whole or in part with this grant. These restrictions are set forth in 5 U.S.C. § 1501, et seq.
3. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, if applicable.
4. It will establish safeguards, if it has not done so already, to prohibit employees from using their positions for a purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.
5. It will give the Department of Justice or the Comptroller General access to and the right to examine records and documents related to the grant.
6. It will comply with all requirements imposed by the Department of Justice as a condition or administrative requirement of the grant, including but not limited to: the requirements of OMB Circulars A-87, A-21, A-122, or the Federal Acquisition Regulations, as applicable (governing cost principles); OMB Circulars A-102 or A-110, as applicable (Uniform Administrative Requirements for Grants and Cooperative Agreements); OMB Circular A-133 (governing audits); the applicable provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended; the current edition of the COPS Grant Monitoring Standards and Guidelines; and with all other applicable program requirements, laws, orders, regulations, or circulars.
7. If applicable, it will, to the extent practicable and consistent with applicable law, seek, recruit and hire qualified members of racial and ethnic minority groups and qualified women in order to further effective law enforcement by increasing their ranks within the sworn positions in the agency.
8. It will not, on the ground of race, color, religion, national origin, gender, disability or age, unlawfully exclude any person from participation in, deny the benefits of or employment to any person, or subject any person to discrimination in connection with any programs or activities funded in whole or in part with federal funds. These civil rights requirements are found in the non-discrimination provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. § 3789(d)); Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000d); the Indian Civil Rights Act (25 U.S.C. §§ 1301-1303); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794); Title II, Subtitle A of the Americans with Disabilities Act (ADA) (42 U.S.C. § 12101, et seq.); the Age Discrimination Act of 1975 (42 U.S.C. § 6101, et seq.); and Department of Justice Non-Discrimination Regulations contained in Title 28, Parts 35 and 42 (subparts C, D, E and G) of the Code of Federal Regulations.
- A. In the event that any court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against the applicant after a due process hearing, it agrees to forward a copy of the finding to the Office of Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, D.C. 20531.
- B. Grantees that have 50 or more employees and grants over \$500,000 (or over \$1,000,000 in grants over an eighteen-month period), must submit an acceptable Equal Employment Opportunity Plan ("EEOP") or EEOP short form (if grantee is required to submit an EEOP under 28 CFR 42.302), that is approved by the Office of Justice Programs, Office for Civil Rights within 60 days of the award start date. For grants under \$500,000, but over \$25,000, or for grantees with fewer than 50 employees, the grantee must submit an EEOP Certification. (Grantees of less than \$25,000 are not subject to the EEOP requirement.)
9. Pursuant to Department of Justice guidelines (June 18, 2002 Federal Register (Volume 67, Number 117, pages 41455-41472)), under Title VI of the Civil Rights Act of 1964, it will ensure meaningful access to its programs and activities by persons with limited English proficiency.
10. It will ensure that any facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify us if advised by the EPA that a facility to be used in this grant is under consideration for such listing by the EPA.
11. If the applicant's state has established a review and comment procedure under Executive Order 12372 and has selected this program for review, it has made this application available for review by the state Single Point of Contact.

12. Pursuant to Executive Order 13043, it will enforce on-the-job seat belt policies and programs for employees when operating agency-owned, rented or personally-owned vehicles.

13. It will not use COPS funds to supplant (replace) state, local, or Bureau of Indian Affairs funds that otherwise would be made available for the purposes of this grant, as applicable.

14. If the awarded grant contains a retention requirement, it will retain the increased officer staffing level and/or the increased officer redeployment level, as applicable, with state or local funds for a minimum of one full local budget cycle following expiration of the grant period.

False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.

\_\_\_\_\_  
Signature of Law Enforcement Executive (or Official with  
Programmatic Authority, as applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Government Executive (or Official with  
Financial Authority, as applicable)

\_\_\_\_\_  
Date



# Certifications

## Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements and Coordination with Affected Agencies.

Although the Department of Justice has made every effort to simplify the application process, other provisions of federal law require us to seek your certification regarding certain matters. Applicants should read the regulations cited below and the instructions for certification included in the regulations to understand the requirements and whether they apply to a particular applicant. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," and 28 CFR Part 67, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)," and the coordination requirement of the Public Safety Partnership and Community Policing Act of 1994. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

### 1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the making of any federal grant; the entering into of any cooperative agreement; and the extension, continuation, renewal, amendment or modification of any federal grant or cooperative agreement;

B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

C. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

### 2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510 -

A. The applicant certifies that it and its principals:

(i) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department or agency;

(ii) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(iii) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (A)(ii) of this certification; and

(iv) Have not within a three-year period preceding this application had one or more public transactions (federal, state or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

### 3. Drug-Free Workplace (Grantees Other Than Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 -

A. The applicant certifies that it will, or will continue to, provide a drug-free workplace by:

(i) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(ii) Establishing an on-going drug-free awareness program to inform employees about -

- (a) The dangers of drug abuse in the workplace;
- (b) The grantee's policy of maintaining a drug-free workplace;
- (c) Any available drug counseling, rehabilitation and employee assistance programs; and

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- (d) The penalties that may be imposed upon employees for drug-abuse violations occurring in the workplace;
- (iii) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (i);
- (iv) Notifying the employee in the statement required by paragraph (i) that, as a condition of employment under the grant, the employee will -
- (a) Abide by the terms of the statement; and
  - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (v) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (iv)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: COPS Office, 1100 Vermont Ave., NW, Washington, DC 20530. Notice shall include the identification number(s) of each affected grant;
- (vi) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (iv)(b), with respect to any employee who is so convicted -
- (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency;

- (vii) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (i), (ii), (iii), (iv), (v) and (vi).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of performance (street address, city, county, state, zip code)

\_\_\_\_\_

\_\_\_\_\_

Check ☐ if there are workplaces on file that are not identified here.

Section 67.630 of the regulations provides that a grantee that is a state may elect to make one certification in each federal fiscal year, a copy of which should be included with each application for Department of Justice funding. States and state agencies may elect to use OJP Form 4061/7.

Check ☐ if the state has elected to complete OJP Form 4061/7.

#### 4. Coordination

The Public Safety Partnership and Community Policing Act of 1994 requires applicants to certify that there has been appropriate coordination with all agencies that may be affected by the applicant's grant proposal if approved. Affected agencies may include, among others, the Office of the United States Attorney, state or local prosecutors, or correctional agencies. The applicant certifies that there has been appropriate coordination with all affected agencies.

Grantee Name and Address: \_\_\_\_\_

Application No. and/or Project Name: \_\_\_\_\_ Grantee IRS/Vendor Number: \_\_\_\_\_

Typed Name and Title of Law Enforcement Executive: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the duly authorized representative of the governing body, I hereby certify that I am binding the governing body to the above certifications, including the plan to retain. Elections of new officials will not relieve the governing body of its obligations under this grant.

Typed Name and Title of Government Executive: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Disclosure of Lobbying Activities

### Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.
2. Identify the status of the covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District number, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the federal program name or description for the covered federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
8. Enter the most appropriate federal identifying number available for the federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting registrant identified in item 4 to influence the covered federal action.  
  
(b) Enter the full name(s) of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title and telephone number.

*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20530.*

# Disclosure of Lobbying Activities

Approved by OMB

O348-0046

(as amended)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for instructions and public burden disclosure)

|   |  |   |
|---|--|---|
| <b>1. Type of Federal Action:</b> _____<br>a. contract<br>b. grant<br>c. cooperative agreement<br>d. loan<br>e. loan guarantee<br>f. loan insurance   | <b>2. Status of Federal Action:</b> _____<br>a. bid/offer/application<br>b. initial award<br>c. post-award                                     | <b>3. Report Type:</b> _____<br>a. initial filing<br>b. material change<br><br><i>For Material Change Only:</i><br>Year: _____<br>Quarter: _____<br>Date of last report _____ |
| <b>4. Name and Address of Reporting Entity:</b><br><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee<br>Tier _____, if known:<br><br>Congressional District (number), if known: _____  | <b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b><br><br>Congressional District (number), if known: _____ |   |
| <b>6. Federal Department/Agency:</b>  | <b>7. Federal Program Name/Description:</b><br><br>CFDA Number, if applicable: _____   |   |
| <b>8. Federal Action Number, if known:</b>  | <b>9. Award Amount, if known:</b><br><br>\$  |   |
| <b>10. a. Name and Address of Lobbying Registrant</b><br><i>(if individual, last name, first name, MI):</i>   | <b>10. b. Individuals Performing Services</b><br>(including address if different from No.10a)<br>(last name, first name, MI):                  |   |
| <b>11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b> | Signature: _____<br><br>Print Name: _____<br><br>Title: _____<br><br>Telephone No.: _____ Date: _____  |   |

**Federal Use Only:**

Authorized for Local Reproduction, Standard Form - LLL

Updated: April 9, 2003

e02021440

## Waiver Information Worksheet

If your department is requesting a waiver, an additional narrative statement **must** be included with your application. Please address all of the issues or points listed below (if an issue does not apply, please indicate as “not applicable”). In this narrative, please explain how your municipality's fiscal condition directly impacts the local law enforcement agency. Please attach documentation that supports the information you provide in your narrative. Failure to respond to all items may significantly delay the waiver review or be grounds for the denial of a waiver.

- ☐ If your jurisdiction has been, in the last three years, declared bankrupt by a court of law, or placed in receivership by the state or federal government, please explain and forward declaration/documentation.
- ☐ If your jurisdiction has been designated a FEMA disaster area in the past three years, please elaborate how the disaster has resulted in severe financial hardship. Be sure to include the following:
  - Estimated amount of damages to your city, town, county, or village's property.
  - Estimated cost of unbudgeted supplies used.
  - Estimated cost of unbudgeted hours used by police department or sheriff's department.
  - Estimated cost of unbudgeted hours used by other departments.
  - Estimated funds disbursed as emergency aid (e.g., food vouchers, blankets, housing).
  - Estimation of the city's/county's total outlay (total damages minus FEMA and other funds received).

*Please forward a copy of the declaration of disaster.*

- ☐ Has your municipality, in the past three years, had a non-FEMA and nonrecurring expense that you were required to do or have done? For example, your local government was ordered to rebuild your wastewater treatment plant. Please be sure to include:
  - Why is it being done?
  - How much does it cost? What percentage of the municipality's budget must be allocated or what is the funding source?
- ☐ If your jurisdiction has recently lost a primary employer or experienced significant lay-offs, please explain and include:
  - When the closing or lay-offs occurred.
  - How many individuals were affected in your municipality.
  - Explain if a closing or lay-offs have occurred just outside your municipality, which had a major effect on your municipality.
- ☐ Explain both your jurisdiction's (city, town, etc.) and the law enforcement agency's current budget conditions.
  - Did your jurisdiction have a budget surplus or deficit at the end of your last fiscal year? Please explain and include dollar amounts and percentages.
  - Has your department's budget increased or decreased in the past two years? If so, how much?

- ☐ If your agency or other local government departments have recently experienced significant lay-offs, please explain and include:
  - When and why the lay-offs occurred.
  - How many were affected.
  - How the police or sheriff's department was impacted as a result of the lay-offs.
- ☐ Explain, with specifics, if other types of budget cuts have impacted your agency such as:
  - Reduction or loss of overtime expenses.
  - Reduction in budget for equipment and/or supplies.
  - Inability to upgrade or purchase new vehicles.
- ☐ Please provide:
  - The reported unemployment and poverty rates for your jurisdiction and the sources of your statistics.
- ☐ Please indicate the amount your agency will be able to contribute to each officer's salary and benefits, if any.  
  
YR1\_\_\_\_\_, YR2\_\_\_\_\_, YR3\_\_\_\_\_
- ☐ What plans will be put in place to retain the position(s) after the three-year grant period is over?
- ☐ OTHER: Any other evidence of severe fiscal distress or special circumstances.

If you have any questions, please contact your Grant Program Specialist through the U.S. Department of Justice Response Center at 800.421.6770.

## Universal Hiring Program 2003 Budget Information

Applicant Legal Name: \_\_\_\_\_ ORI Code (Assigned by FBI): \_\_\_\_\_

This worksheet will assist your agency in properly organizing your estimated salary and benefit costs and providing the necessary financial details for review by the COPS Office. Complete Parts I and III if you are requesting funds for full-time officers, Parts II and III if you are requesting part-time officers, and all three parts if you are requesting full and part-time officer positions. **All budget figures should be rounded to the nearest whole dollar.**

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 800.421.6770.

**OMB Approval Number: 1103-0027**

### PART I: Complete if your agency is requesting full-time officers

#### 1. Cost Per Full-Time Officer – Year 1

**Instructions: Indicate your department's cost for each of the following categories. Do not include employee contribution costs.**

Current Annual Entry-Level Base Salary\$ \_\_\_\_\_ .00      % of base salary      **Enter the base annual first year salary that your department currently pays a new, entry-level officer.**

#### **Annual Fringe Benefits:**

\* Please refer to Part III, Question 4

|                    |              |         |  |
|--------------------|--------------|---------|--|
| *Social Security   | \$ _____ .00 | _____ % | Cost for Social Security may not exceed 6.2%. <b>If exempt check here [ ]</b>                                |
| *Medicare          | \$ _____ .00 | _____ % | Cost for Medicare may not exceed 1.45%. <b>If exempt check here [ ]</b>                                      |
| Health Insurance   | \$ _____ .00 | _____ % | Costs toward health insurance coverage; please indicate if this is for <b>Family Coverage [ ] Yes [ ] No</b> |
| Life Insurance     | \$ _____ .00 | _____ % | Costs toward life insurance coverage.  |
| Vacation           | \$ _____ .00 | _____ % | Vacation costs, if not included in base salary. <b># of hours annually: _____</b>                            |
| Sick Leave         | \$ _____ .00 | _____ % | Sick leave costs, if not included in base salary. <b># of hours annually: _____</b>                          |
| Retirement         | \$ _____ .00 | _____ % | Contribution to retirement benefits.   |
| *Worker's Comp.    | \$ _____ .00 | _____ % | Costs of worker's compensation. (See Part III, Question 4)   |
| *Unemployment Ins. | \$ _____ .00 | _____ % | Costs of unemployment insurance. (See Part III, Question 4)  |
| Other _____        | \$ _____ .00 | _____ % | <b>Costs of equipment, training, uniforms, vehicles and overtime are not permitted.</b>                      |
| Other _____        | \$ _____ .00 | _____ % |  |

Total Fringe Benefits      \$ \_\_\_\_\_ .00

Sum of department fringe benefit costs for Year 1.

**Total Year 1 Salary and Benefits**      \$ \_\_\_\_\_ .00

**Year 1 base salary plus Year 1 fringe benefits.**





Applicant Legal Name: \_\_\_\_\_ ORI (Assigned by FBI): \_ \_ \_ \_ \_

## 2. Cost Per Full-Time Officer – Year 2

Current Annual Entry-Level Base Salary \$ \_\_\_\_\_ .00 % of base salary

### Annual Fringe Benefits:

|                    |              |         |
|--------------------|--------------|---------|
| *Social Security   | \$ _____ .00 | _____ % |
| *Medicare          | \$ _____ .00 | _____ % |
| Health Insurance   | \$ _____ .00 | _____ % |
| Life Insurance     | \$ _____ .00 | _____ % |
| Vacation           | \$ _____ .00 | _____ % |
| Sick Leave         | \$ _____ .00 | _____ % |
| Retirement         | \$ _____ .00 | _____ % |
| *Worker's Comp.    | \$ _____ .00 | _____ % |
| *Unemployment Ins. | \$ _____ .00 | _____ % |
| Other _____        | \$ _____ .00 | _____ % |
| Other _____        | \$ _____ .00 | _____ % |

Total Fringe Benefits \$ \_\_\_\_\_ .00

**Total Year 2 Salary and Benefits** \$ \_\_\_\_\_ .00

**Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.**

Cost for Social Security may not exceed 6.2%. **If exempt check here** ☐ **Yes** ☐ **No**

Cost for Medicare may not exceed 1.45%. **If exempt check here** ☐ **Yes** ☐ **No**

Costs toward health insurance coverage; please indicate if this is for **Family Coverage** ☐ **Yes** ☐ **No**

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. **# of hours annually:** \_\_\_\_\_

Sick leave costs, if not included in base salary. **# of hours annually:** \_\_\_\_\_

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

**Costs of equipment, training, uniforms, vehicles and overtime are not permitted.**

Sum of department fringe benefit costs for Year 2.

**Year 2 base salary plus Year 2 fringe benefits.**

## 3. Cost Per Full-Time Officer – Year 3

Current Annual Entry-Level Base Salary \$ \_\_\_\_\_ .00 % of base salary

### Annual Fringe Benefits:

|                    |              |         |
|--------------------|--------------|---------|
| *Social Security   | \$ _____ .00 | _____ % |
| *Medicare          | \$ _____ .00 | _____ % |
| Health Insurance   | \$ _____ .00 | _____ % |
| Life Insurance     | \$ _____ .00 | _____ % |
| Vacation           | \$ _____ .00 | _____ % |
| Sick Leave         | \$ _____ .00 | _____ % |
| Retirement         | \$ _____ .00 | _____ % |
| *Worker's Comp.    | \$ _____ .00 | _____ % |
| *Unemployment Ins. | \$ _____ .00 | _____ % |
| Other _____        | \$ _____ .00 | _____ % |
| Other _____        | \$ _____ .00 | _____ % |

Total Fringe Benefits \$ \_\_\_\_\_ .00

**Total Year 3 Salary and Benefits** \$ \_\_\_\_\_ .00

**Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.**

Cost for Social Security may not exceed 6.2%. **If exempt check here** ☐ **Yes** ☐ **No**

Cost for Medicare may not exceed 1.45%. **If exempt check here** ☐ **Yes** ☐ **No**

Costs toward health insurance coverage; please indicate if this is for **Family Coverage** ☐ **Yes** ☐ **No**

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. **# of hours annually:** \_\_\_\_\_

Sick leave costs, if not included in base salary. **# of hours annually:** \_\_\_\_\_

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

**Costs of equipment, training, uniforms, vehicles and overtime are not permitted.**

Sum of department fringe benefit costs for Year 3.

**Year 3 base salary plus Year 3 fringe benefits.**



## PART II: Complete if your agency is requesting part-time officers

Note: There is a funding cap for part-time officers in proportion to the number of hours worked (e.g., 20 hours/40 hour week = .5 full-time equivalent officer; Part-time Federal Share Cap =  $0.5 \times \$75,000 = \$37,500$ ). For a detailed explanation on how to compute the part-time cap, please see page 13 of the Application Instructions Manual.

- 1. Part-time Hours:** What is the average number of hours per week that your part-time COPS officer will work? \_\_\_\_\_  
 How many hours per week is considered full-time employment? \_\_\_\_\_  
 What is the average number of hours per year that your part-time COPS officer will work? \_\_\_\_\_  
 What is the hourly rate for the part-time COPS officer? \_\_\_\_\_  
 Multiply the hourly rate by the average number of hours per year that the part-time COPS officer will work, and enter this amount below on the base salary line (A).

### 2. Cost Per Part-Time Officer – Year 1

**Instructions: Indicate your department's cost for each of the following categories. Do not include employee contribution costs.**

|  |                     |                  |  |
|--|---------------------|------------------|--|
| Current Annual Entry-Level Base Salary (A) | \$ _____ .00        | % of base salary | <b>Enter the base annual first year salary that your department currently pays a new, entry-level officer.</b>             |
| Annual Fringe Benefits:                    |                     |                  |  |
| * Please refer to Part III, Question 4     |                     |                  |  |
| *Social Security                           | \$ _____ .00        | _____ %          | Cost for Social Security may not exceed 6.2%. <b>If exempt check here</b> [ ]  |
| *Medicare                                  | \$ _____ .00        | _____ %          | Cost for Medicare may not exceed 1.45%. <b>If exempt check here</b> [ ]  |
| Health Insurance                           | \$ _____ .00        | _____ %          | Costs toward health insurance coverage; please indicate if this is for <b>Family Coverage</b> [ ] <b>Yes</b> [ ] <b>No</b> |
| Life Insurance                             | \$ _____ .00        | _____ %          | Costs toward life insurance coverage.  |
| Vacation                                   | \$ _____ .00        | _____ %          | Vacation costs, if not included in base salary. <b># of hours annually:</b> _____  |
| Sick Leave                                 | \$ _____ .00        | _____ %          | Sick leave costs, if not included in base salary. <b># of hours annually:</b> _____  |
| Retirement                                 | \$ _____ .00        | _____ %          | Contribution to retirement benefits.   |
| *Worker's Comp.                            | \$ _____ .00        | _____ %          | Costs of worker's compensation. (See Part III, Question 4)   |
| *Unemployment Ins.                         | \$ _____ .00        | _____ %          | Costs of unemployment insurance. (See Part III, Question 4)  |
| Other _____                                | \$ _____ .00        | _____ %          | <b>Costs of equipment, training, uniforms, vehicles and overtime are not permitted.</b>                                    |
| Other _____                                | \$ _____ .00        | _____ %          |  |
| Total Fringe Benefits                      | \$ _____ .00        |                  | Sum of department fringe benefit costs for Year 1.   |
| <b>Total Year 1 Salary and Benefits</b>    | <b>\$ _____ .00</b> |                  | <b>Year 1 base salary plus Year 1 fringe benefits.</b>   |



**3. Cost Per Part-Time Officer – Year 2**

Current Annual Entry-Level Base Salary (A) \$ \_\_\_\_\_ .00 % of base salary

## Annual Fringe Benefits:

|                    |              |         |
|--------------------|--------------|---------|
| *Social Security   | \$ _____ .00 | _____ % |
| *Medicare          | \$ _____ .00 | _____ % |
| Health Insurance   | \$ _____ .00 | _____ % |
| Life Insurance     | \$ _____ .00 | _____ % |
| Vacation           | \$ _____ .00 | _____ % |
| Sick Leave         | \$ _____ .00 | _____ % |
| Retirement         | \$ _____ .00 | _____ % |
| *Worker's Comp.    | \$ _____ .00 | _____ % |
| *Unemployment Ins. | \$ _____ .00 | _____ % |
| Other _____        | \$ _____ .00 | _____ % |
| Other _____        | \$ _____ .00 | _____ % |

Total Fringe Benefits \$ \_\_\_\_\_ .00

**Total Year 2 Salary and Benefits** \$ \_\_\_\_\_ .00

**4. Cost Per Part-Time Officer – Year 3**

Current Annual Entry-Level Base Salary (A) \$ \_\_\_\_\_ .00 % of base salary

## Annual Fringe Benefits:

|                    |              |         |
|--------------------|--------------|---------|
| *Social Security   | \$ _____ .00 | _____ % |
| *Medicare          | \$ _____ .00 | _____ % |
| Health Insurance   | \$ _____ .00 | _____ % |
| Life Insurance     | \$ _____ .00 | _____ % |
| Vacation           | \$ _____ .00 | _____ % |
| Sick Leave         | \$ _____ .00 | _____ % |
| Retirement         | \$ _____ .00 | _____ % |
| *Worker's Comp.    | \$ _____ .00 | _____ % |
| *Unemployment Ins. | \$ _____ .00 | _____ % |
| Other _____        | \$ _____ .00 | _____ % |
| Other _____        | \$ _____ .00 | _____ % |

Total Fringe Benefits \$ \_\_\_\_\_ .00

**Total Year 3 Salary and Benefits** \$ \_\_\_\_\_ .00

**Enter the base annual salary that your department currently pays a new, entry-level part-time officer in their second year.**

Cost for Social Security may not exceed 6.2%. **If exempt check here [ ]**

Cost for Medicare may not exceed 1.45%. **If exempt check here [ ]**

Costs toward health insurance coverage; please indicate if this is for **Family Coverage [ ] Yes [ ] No**

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. **# of hours annually: \_\_\_\_\_**

Sick leave costs, if not included in base salary. **# of hours annually: \_\_\_\_\_**

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

**Costs of equipment, training, uniforms, vehicles and overtime are not permitted.**

Sum of department fringe benefit costs for Year 2.

**Year 2 base salary plus Year 2 fringe benefits.**

**Enter the base annual salary that your department currently pays a new, entry-level part-time officer in their third year.**

Cost for Social Security may not exceed 6.2%. **If exempt check here [ ]**

Cost for Medicare may not exceed 1.45%. **If exempt check here [ ]**

Costs toward health insurance coverage; please indicate if this is for **Family Coverage [ ] Yes [ ] No**

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. **# of hours annually: \_\_\_\_\_**

Sick leave costs, if not included in base salary. **# of hours annually: \_\_\_\_\_**

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

**Costs of equipment, training, uniforms, vehicles and overtime are not permitted.**

Sum of department fringe benefit costs for Year 3.

**Year 3 base salary plus Year 3 fringe benefits.**



Applicant Legal Name: \_\_\_\_\_

ORI (Assigned by FBI): \_\_ \_ \_\_ \_ \_\_ \_ \_\_ \_

### PART III: Budget Summary (All applicants must complete this section)

After completing Part I and/or Part II of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for the worksheet. Be sure to answer **EVERY** question. Missing or erroneous information could significantly delay the review of your agency's Universal Hiring Program request.

1. If your department's second- and third-year costs for salaries and/or benefits are greater than the first year, check the reason(s) why in the space below:

☐ Cost of living adjustment (COLA)

☐ Step raises

☐ Changes in benefit costs

☐ Other (explain below)

2. Many state and municipal agencies that receive federal grants are required to have audits of those grants forwarded to a single federal agency (e.g., Justice, HUD, HHS, Transportation, etc.). The single federal agency where such audits are sent is known as your “Cognizant Federal Agency.” Please enter the name of your Cognizant Federal Agency (typically the federal agency that provides your department with the most federal funding) in the space provided. If your department does not receive federal funds, enter “U.S. Department of Justice.”

3. Starting date of your fiscal year: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Ending date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Day                      Year                      Month                      Day                      Year

4. IF NO FUNDS WERE BUDGETED FOR 1) SOCIAL SECURITY, 2) MEDICARE, 3) WORKER'S COMPENSATION, AND/OR 4) UNEMPLOYMENT INSURANCE, YOUR AGENCY MUST PROVIDE AN EXPLANATION FOR EACH OMISSION BELOW:





Applicant Legal Name: \_\_\_\_\_

ORI (Assigned by FBI): \_\_\_\_ \_

5. The federal share of total salaries and benefits must decrease each year leading to full local funding during the retention period. The total percentage of officers' salaries and benefits paid with federal funds must be less in Year 2 than in Year 1 and less in Year 3 than in Year 2. At the same time, your local share must increase each year. The percentage of total officers' salaries and benefits paid with local funds must be more in Year 2 than in Year 1, and more in Year 3 than in Year 2. Please complete the following three-year projection, showing how the federal share and your local matching share will change year by year for one officer. If applying for a waiver, your agency must still complete the federal and local amount sections as if you were not receiving a waiver. Please refer to the sample budget in the Application Instructions Manual if you have questions.

Three year salary and benefit costs PER FULL-TIME position

|  |  |  |  |  |                  |
|--|--|--|--|--|------------------|
| *The federal share may not exceed 75% of the total three-year costs or \$75,000, whichever is smaller. | <b>YEAR 1</b>  | <b>YEAR 2</b>  | <b>YEAR 3</b>  | <b>TOTAL - 3 YEARS</b>   |                  |
| Federal Amount<br>(Percentage must decrease each year)   | \$ _____.00  | \$ _____.00  | \$ _____.00  | \$ _____.00  | <b>(line 1a)</b> |
| Local Amount<br>(Percentage must increase each year)   | \$ _____.00  | \$ _____.00  | \$ _____.00  | \$ _____.00  | <b>(line 1b)</b> |
| Total Salary & Benefits<br>(Federal Amount plus Local Amount)  | \$ _____.00<br>Total Year 1 Salary<br>and Benefits from<br>Page 19 | \$ _____.00<br>Total Year 2 Salary<br>and Benefits from<br>Page 21 | \$ _____.00<br>Total Year 3 Salary<br>and Benefits from<br>Page 21 | \$ _____.00<br>Total 3-Year Costs<br>(Y1 + Y2 + Y3 =<br>Total Costs) | <b>(line 1c)</b> |

Three-year salary and benefit costs PER PART-TIME position

|  |  |  |  |  |                  |
|--|--|--|--|--|------------------|
| * The federal share may not exceed 75% of the total three-year costs or the calculated salary cap, whichever is smaller. | <b>YEAR 1</b>  | <b>YEAR 2</b>  | <b>YEAR 3</b>  | <b>TOTAL – 3 YEARS</b>   |                  |
| Federal Amount<br>(Percentage must decrease each year)   | \$ _____.00  | \$ _____.00  | \$ _____.00  | \$ _____.00  | <b>(line 2a)</b> |
| Local Amount<br>(Percentage must increase each year)   | \$ _____.00  | \$ _____.00  | \$ _____.00  | \$ _____.00  | <b>(line 2b)</b> |
| Total Salary & Benefits<br>(Federal Amount plus Local Amount)  | \$ _____.00<br>Total Year 1 Salary<br>and Benefits from<br>Page 23 | \$ _____.00<br>Total Year 2 Salary<br>and Benefits from<br>Page 25 | \$ _____.00<br>Total Year 3 Salary<br>and Benefits from<br>Page 25 | \$ _____.00<br>Total 3-Year Costs<br>(Y1 + Y2 + Y3 =<br>Total Costs) | <b>(line 2c)</b> |



Applicant Legal Name: \_\_\_\_\_

ORI (Assigned by FBI): \_ \_ \_ \_ \_

## Total Grant Project Cost

### Total Federal Amount

|   |   |  |   |  |
|---|---|--|---|--|
| \$ _____ .00<br>Total federal amount per full-time position from <b>line 1a</b> | x | _____<br>Number of full-time positions requested | = | \$ _____ .00                                       |
| \$ _____ .00<br>Total federal amount per part-time position from <b>line 2a</b> | x | _____<br>Number of part-time positions requested | = | \$ _____ .00                                       |
|   |   |  |   | \$ _____ .00<br>TOTAL FEDERAL AMT.<br><b>Box A</b> |

### Total Local Amount

|   |   |  |   |  |
|---|---|--|---|--|
| \$ _____ .00<br>Total local amount per full-time position from <b>line 1b</b> | x | _____<br>Number of full-time positions requested | = | \$ _____ .00                                     |
| \$ _____ .00<br>Total local amount per part-time position from <b>line 2b</b> | x | _____<br>Number of part-time positions requested | = | \$ _____ .00                                     |
|   |   |  |   | \$ _____ .00<br>TOTAL LOCAL AMT.<br><b>Box B</b> |

### Grand Total

|  |   |   |   |   |
|--|---|---|---|---|
| \$ _____ .00<br>Box A (Total Federal Amount Requested) | + | \$ _____ .00<br>Box B (Total Local Amount Required) | = | \$ _____ .00<br>Total Grant Project Costs |
|--|---|---|---|---|



Applicant Legal Name: \_\_\_\_\_ ORI (Assigned by FBI): \_ \_ \_ \_ \_

## Certification and Contact Information for Budget Questions

The undersigned attests to the accuracy of the budget information provided in this worksheet.

I certify that the information provided on this form is true and accurate to the best of my knowledge:

Authorized Official's Typed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Community Policing Information Worksheet

To be Completed by Applicants for COPS Grants

U.S. Department of Justice  
Office of Community Oriented Policing Services  
Carl R. Peed, Director

OMB approval 1103-0027

## Community Policing Information Worksheet

The following worksheet will assist the COPS Office to better understand the public safety problems facing communities, as well as the particular goals and activities of law enforcement agencies.

For more information about COPS grants, call the U.S. Department of Justice Response Center at 800.421.6770.



U.S. Department of Justice  
Office of Community Oriented Policing Services  
1100 Vermont Avenue, NW  
Washington, DC 20530

COPS Online: <http://www.cops.usdoj.gov>

Revised: March 2003



## Community Policing Information Worksheet

This worksheet will provide the COPS Office with information about the public safety concerns of your community and your department's community policing goals and activities. If you need assistance completing this worksheet, contact the U.S. Department of Justice Response Center at 800.421.6770.

Once you have answered all required questions in the Community Policing Information Worksheet, please sign and date below. Both the law enforcement executive and the government executive must sign.

**Applicant Organization's Legal Name:** \_\_\_\_\_

**ORI #:** \_ \_ \_ \_ \_

*We, the undersigned, attest to the accuracy of the information contained within this Community Policing Information Worksheet.*

### Law Enforcement Executive:

Name (typed): \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Government Executive:

Name (typed): \_\_\_\_\_

Title: \_\_\_\_\_

Government Entity: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Person Completing Form:

Name (typed): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## PART 1

**1. From the list that follows, please rank in descending order the following public safety concerns of your community.** For example, if “weapons” are the greatest concern in your community, place the letter “f” in rank number 1. If “wildlife crimes” are the lowest concern in your community, place an “n” in rank number 16.

**Rank:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_

**Major Public Safety Issues:**

- a. Violent crimes against persons
- b. Property crimes
- c. Motor vehicle thefts
- d. Vandalism
- e. Gangs
- f. Weapons
- g. Prostitution
- h. Drug crimes
- i. Domestic violence
- j. Alcohol-related crime, including DWI
- k. Disorderly conduct
- l. Traffic violations
- m. Agricultural crimes
- n. Wildlife crimes
- o. Hate crimes
- p. Other (specify): \_\_\_\_\_

Community policing is a policing philosophy that promotes and supports organizational strategies to address the causes and reduce the fear of crime and social disorder through problem-solving tactics and community-police partnerships.

Your answers to the questions that follow will provide the COPS Office with basic information about your community policing efforts, and how you will use your COPS grant funds to further the implementation of community policing.

You are not expected to engage in all of the activities listed. They are examples of the community policing efforts of other law enforcement agencies. If you have a written document that serves as your community policing plan, please attach it to this form.

## Overall Approach

**2. Please indicate which of the following are part of your overall approach to community policing, and which you plan to implement under your COPS grant:**

### a) Crime Prevention Efforts

| <i>Have<br/>Implemented</i> | <i>Plan to<br/>Implement</i> |  |
|-----------------------------|------------------------------|--|
| <input type="checkbox"/>    | <input type="checkbox"/>     | a. Youth programs (e.g., in-school, after school, weekend police/youth programs) |
| <input type="checkbox"/>    | <input type="checkbox"/>     | b. Anti-drug programs  |
| <input type="checkbox"/>    | <input type="checkbox"/>     | c. Regular meetings with community groups to discuss crime                       |
| <input type="checkbox"/>    | <input type="checkbox"/>     | d. Anti-violence programs  |
| <input type="checkbox"/>    | <input type="checkbox"/>     | e. Other (specify): _____  |

### b) Problem-Solving Activities

| <i>Have<br/>Implemented</i> | <i>Plan to<br/>Implement</i> |  |
|-----------------------------|------------------------------|--|
| <input type="checkbox"/>    | <input type="checkbox"/>     | a. Identifying crime problems with members of the community and other government agencies (e.g., prosecutor and courts, social services, probation office) |
| <input type="checkbox"/>    | <input type="checkbox"/>     | b. Identifying crime problems by looking at crime trends (e.g., keeping records of crimes and the types of requests for help)                              |
| <input type="checkbox"/>    | <input type="checkbox"/>     | c. Identifying top problems by analyzing repeat calls for service  |
| <input type="checkbox"/>    | <input type="checkbox"/>     | d. Preventing crime by focusing on conditions that lead to crime (e.g., abandoned buildings and cars, referrals to other civil agencies)                   |
| <input type="checkbox"/>    | <input type="checkbox"/>     | e. Building on information systems to enhance crime analysis capabilities  |
| <input type="checkbox"/>    | <input type="checkbox"/>     | f. Other (specify): _____  |

### c) Community Partnerships

| <i>Have<br/>Implemented</i> | <i>Plan to<br/>Implement</i> |   |
|-----------------------------|------------------------------|---|
| <input type="checkbox"/>    | <input type="checkbox"/>     | a. Regularly surveying community members to assist in identifying and prioritizing crime problems     |
| <input type="checkbox"/>    | <input type="checkbox"/>     | b. Locating offices or stations within neighborhoods  |
| <input type="checkbox"/>    | <input type="checkbox"/>     | c. Providing community policing training to citizens  |
| <input type="checkbox"/>    | <input type="checkbox"/>     | d. Meeting with community members to learn more about the nature of specific problems                 |
| <input type="checkbox"/>    | <input type="checkbox"/>     | e. Involving community members in selecting responses to problems and determining measures of success |
| <input type="checkbox"/>    | <input type="checkbox"/>     | f. Other (specify): _____   |

**d) Infrastructure and Management Changes**

*Have  
Implemented*

*Plan to  
Implement*

☐
☐

a. Have written strategic plan for community policing

☐
☐

b. Department currently designates special unit (or a special officer) for community policing activities

☐
☐

c. Department promotes an agency-wide approach to community policing

*If your department has implemented or plans to implement an agency-wide approach to community policing, please indicate the approximate percentage of time that patrol officers in your department dedicate (or will dedicate) to community policing:*

☐ Less than 10 percent

☐ 10-20 percent

☐ More than 20 percent

*Have  
Implemented*

*Plan to  
Implement*

☐
☐

d. Personnel are given responsibility geographical areas

☐
☐

e. Call management systems are in place to free officer time for community policing (e.g., telephone reporting, alternative responses)

☐
☐

f. Personnel evaluations reward participation in collaborative problem-solving efforts

☐
☐

g. Decision-making authority has been decentralized

☐
☐

h. Management positions have been eliminated

☐
☐

i. Community policing concepts have been integrated into agency's mission statement

☐
☐

j. Community policing concepts have been integrated into departmental policies and procedures

☐
☐

k. Detectives have been integrated into community policing efforts

☐
☐

l. Department staff routinely collaborate with other municipal agencies to address problems

## Communities

**3. Please indicate which of the following groups you have consulted to address crime and disorder problems in your community:**

| <i>Consulted</i>         | <i>Plan to Consult</i>   |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Other government agencies (e.g., probation office, sanitation)          |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Civic groups  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Neighborhood associations   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Tenants' associations   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Organizations of your employees, including collective bargaining groups |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Business groups   |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Religious groups  |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Schools   |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Other (specify): _____  |

## Citizens

**4. Please indicate which of the following partnership activities are currently performed by citizens in your jurisdiction or are planned under your COPS grant:**

| <i>Currently Perform</i> | <i>Planned Under Grant</i> |   |
|--------------------------|----------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/>   | a. Neighborhood Watch                                     |
| <input type="checkbox"/> | <input type="checkbox"/>   | b. Citizen volunteer programs                             |
| <input type="checkbox"/> | <input type="checkbox"/>   | c. Citizen advisory groups to your law enforcement agency |
| <input type="checkbox"/> | <input type="checkbox"/>   | d. Citizen patrols within your community                  |
| <input type="checkbox"/> | <input type="checkbox"/>   | e. Participate in anti-drug or anti-violence programs     |
| <input type="checkbox"/> | <input type="checkbox"/>   | f. Other activities (specify): _____                      |

## Officers

**5. Please indicate which of the following activities are currently performed by patrol officers or are planned under your COPS grant:**

### a) Crime Prevention Activities

| <i>Currently Perform</i> | <i>Planned Under Grant</i> |  |
|--------------------------|----------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>   | a. Foot patrol, bike patrol or mounted patrol  |
| <input type="checkbox"/> | <input type="checkbox"/>   | b. Making door-to-door contact with citizens and businesses  |
| <input type="checkbox"/> | <input type="checkbox"/>   | c. Meeting with community leaders and groups to learn more about crime problems and jointly develop crime prevention plans                   |
| <input type="checkbox"/> | <input type="checkbox"/>   | d. Using business cards, cellular phones or beepers to maintain contact with, and be contacted by, citizens regarding public safety concerns |
| <input type="checkbox"/> | <input type="checkbox"/>   | e. Working in schools or other public agencies to teach crime prevention   |
| <input type="checkbox"/> | <input type="checkbox"/>   | f. Other (specify): _____  |

**b) Problem-Solving Activities**

| <i>Currently<br/>Perform</i> | <i>Planned<br/>Under Grant</i> |   |
|------------------------------|--------------------------------|---|
| <input type="checkbox"/>     | <input type="checkbox"/>       | a. Working with citizens to identify and address community crime problems   |
| <input type="checkbox"/>     | <input type="checkbox"/>       | b. Using computer systems to collect and analyze information, particularly repeat calls for service   |
| <input type="checkbox"/>     | <input type="checkbox"/>       | c. Coordinating specific problem-solving projects to address problems on their beats  |
| <input type="checkbox"/>     | <input type="checkbox"/>       | d. Working with other public agencies to solve disorder problems (e.g., trash collection, public works agencies to solve lighting problems) |
| <input type="checkbox"/>     | <input type="checkbox"/>       | e. Mapping crime problems   |
| <input type="checkbox"/>     | <input type="checkbox"/>       | f. Other (specify): _____   |

**c) Training**

1) Department-wide community policing training

- ☐ Have implemented  
☐ Plan to implement  
☐ Do not plan to implement

2) Where do recruits/officers receive basic training? (Check all that apply.)

- ☐ State academy  
☐ Regional academy  
☐ Local academy  
☐ Community college  
☐ Private contract/outside consultant  
☐ No recruit training  
☐ Other (specify): \_\_\_\_\_

3) How many hours of recruit training dedicated solely to community policing concepts do recruits receive?

\_\_\_\_\_ hours

4) Have community policing concepts been integrated into general training received by agency personnel (e.g., training on law, departmental regulations, conducting investigations)?

- ☐ Yes    ☐ Plan to implement    ☐ Do not plan to implement

5) Where do in-service officers receive community policing training?

- ☐ State academy  
☐ Regional academy  
☐ Local academy  
☐ Community college  
☐ Private contract/outside consultant  
☐ No in-service training  
☐ Other (specify): \_\_\_\_\_

6) How many hours of in-service training dedicated solely to community policing concepts do officers receive?

\_\_\_\_\_ hours

7) We would like to know what kind of training your department routinely provides that is pertinent to community policing. Please indicate the community policing training that your department provided in the past fiscal year by checking the appropriate box. The abbreviation "CP" stands for community policing.

|  | <b>Recruit Academy Only</b> | <b>In-Service Only</b>   | <b>Both Recruit and In-Service</b> | <b>Civilian</b>          | <b>No Training Provided</b> | <b>Other:_____</b>       |
|--|-----------------------------|--------------------------|------------------------------------|--------------------------|-----------------------------|--------------------------|
| a. Concepts and general principles of CP                                     | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| b. Problem-solving methods (SARA, etc.)                                      | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| c. Causes and consequences of specific problems (e.g., drugs, spousal abuse) | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| d. CP approaches to specific problems  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| e. Organizing/working with public groups                                     | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| f. Cultural diversity  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| g. Victim assistance   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| h. Working with juveniles  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| i. Using code/civil enforcement  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| j. Alternative dispute resolution  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| k. Supervising problem solvers   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| l. Other (specify):_____   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| m. Other:_____   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| n. Other:_____   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |

## Complete Part 2 only if:

- You are applying for a COPS hiring grant and your jurisdiction's population is 50,000 or more; or
- You are applying for a community policing grant with funding of \$1 million or more; or
- You do not have an established law enforcement agency and wish to establish one; or
- You represent a special law enforcement agency, such as transit, housing, university, school or park police.

## PART 2

### 1. How does your community policing plan fit with other statewide and local crime prevention and control plans, including statewide Byrne Grant strategies?

| <i>Coordinated<br/>Fully</i> | <i>Partially<br/>Coordinated</i> |                                   |
|------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/>     | <input type="checkbox"/>         | a. Statewide Byrne Grant strategy |
| <input type="checkbox"/>     | <input type="checkbox"/>         | b. Other statewide strategies     |
| <input type="checkbox"/>     | <input type="checkbox"/>         | c. Local crime prevention plans   |
| <input type="checkbox"/>     | <input type="checkbox"/>         | d. Local crime control plans      |

### 2. Briefly list other governmental or community initiatives that complement or will be coordinated with your plans under this grant:

### 3. Indicate current and anticipated ongoing community support for your community policing efforts, such as financial support or in-kind contributions:

| <i>Current</i>           | <i>Anticipated</i>       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Programmatic support from the community      |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Financial support from the community         |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Other community support: _____               |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Sought or obtained private financial support |

### 4. Indicate the impact that receiving the requested resources or increasing the number of officers will have on other criminal justice agencies in your jurisdiction:

| <i>No Impact</i>         | <i>Minimal<br/>Impact</i> | <i>Major<br/>Impact</i>  |  |
|--------------------------|---------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | a. Prosecutor's office                     |
| <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | b. Public defender's office                |
| <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | c. Local/state correctional agencies       |
| <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | d. Other public criminal justice agencies  |
| <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | e. Other private criminal justice agencies |

If you anticipate any major impact on any of these agencies, please briefly describe that impact below.



## Paperwork Reduction Act Notice

The public reporting burden for this collection of information is estimated to be up to 5.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden of information, including suggestions for reducing this burden, to the

**Office of Community Oriented Policing Services**  
**U.S. Department of Justice**  
**1100 Vermont Avenue, NW**  
**Washington, DC, 20530**

and to the

**Public Use Reporting Project**  
**Office of Management and Budget**  
**Washington, DC, 20503**

You are not required to respond to this collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection of information is 1103-0027.

Guidance regarding financial and administrative aspects of the grant process may also be obtained by consulting the Office of Justice Programs' Financial and Administrative Guide for Grants (2000 Millenium Issue), which is available at no cost from the U.S. Department of Justice Response Center (800.421.6770).



## Sheriff's Department Questionnaire

Please answer the following questions if the legal applicant is a sheriff's department (established or start-up). Attach additional pages if needed.

1. Do officers have primary law enforcement authority for the population to be served?

Check one: ☐ Yes ☐ No

If yes, what is the actual population for which your department has primary law enforcement authority? In other words, the 2000 Census population minus the incorporated towns and cities that have their own police departments. If no, please explain below.

### Deadline:

Applications must be  
postmarked  
on or before  
June 6, 2003

Remember to send an original  
and two copies of all  
application materials.

2. In the space below, break down the time spent by your entire department on various types of activities. For example: 50% law enforcement duties; 30% courthouse/bailiff duties; 20% jail duties (total should equal 100%).

3. Of the total percentage of time spent on law enforcement duties (as indicated in question #2), what percentage of that is spent on community policing activities?

4. Briefly describe some of the community policing activities your department participates in and/or coordinates.

If you have questions about applying for officer position(s) under the Universal Hiring Program, please contact your COPS Grant Program Specialist through the U.S. Department of Justice Response Center at 800.421.6770.



## Special Department Questionnaire

Please answer the following questions if the legal applicant is a special department (established or start-up). Examples of special departments are housing authority, transit police, university/school police, and park police.

1. Do officers have primary law enforcement authority for the population to be served?

Check one: ☐ Yes ☐ No

If no, please explain:

2. What legislation gives officers their police officer status and enforcement authority?

Check one: ☐ State ☐ Local ☐ Both

**Important: Your agency must attach a copy of the legislation documenting your enforcement authority.**

3. Do officers have full and unrestricted arrest authority? If not, what are their limitations?

4. Do officers have full powers over the entire jurisdiction? If not, what area(s) are they restricted to? (e.g., parks, campus, etc.)

5. Do officers provide full police services 24 hours a day, 7 days a week? If not, what are their hours?

### Deadline:

Applications must be  
postmarked  
on or before  
June 6, 2003

Remember to send an original  
and two copies of all  
application materials.

If you have questions about applying for officer position(s) under the Universal Hiring Program, please contact your COPS Grant Program Specialist through the U.S. Department of Justice Response Center at 800.421.6770.



## Start-Up Department Questionnaire

Please answer the following questions if the legal applicant is a start-up agency (of any type). Attach additional pages if needed.

1. a. Are any law enforcement services currently provided to your jurisdiction by an existing agency, such as a sheriff's department or a neighboring jurisdiction's police department? Check one: ☐ Yes ☐ No

b. If the answer is yes, what is the name of the other agency, and is it considered a contractual agreement?

2. Has your jurisdiction passed an ordinance, law, or other resolution formally establishing a law enforcement agency? Check one: ☐ Yes ☐ No

If yes, please attach a copy of this ruling or legislation. Ensure that this legislation is signed and approved by the member(s) of your governing body with the authority to do so. If not, your application cannot be funded until a resolution establishing a law enforcement agency has been passed and submitted to the COPS Office.

3. Why is your jurisdiction now creating a start-up agency?

4. Does your jurisdiction have a written community policing plan?  
Check one: ☐ Yes ☐ No

If yes, please include a copy of that plan. If no, when do you intend on completing and implementing a plan?

### Deadline:

Applications must be  
postmarked  
on or before  
**June 6, 2003**

Remember to send an original  
and two copies of all  
application materials.

**Start-Up Department Questionnaire – Page 2**

5. Does your jurisdiction have funds available for the required local match?

Check one:    ☐ Yes        ☐ No

If yes, where are the funds coming from? If no, are you applying for a waiver of the local match? If so, address the information required by the Waiver Information Worksheet.

6. Please provide a brief explanation of the following (include supporting documentation where appropriate):

a. Department budget plan

b. Equipment purchase plan (cars, weapons, uniforms, etc.)

c. Training plan for the officer(s)

d. A timetable for the implementation of these plans

If you have questions about applying for officer position(s) under the Universal Hiring Program, please contact your COPS Grant Program Specialist through the U.S. Department of Justice Response Center at 800.421.6770.







**FOR MORE INFORMATION:**

U.S. Department of Justice  
Office of Community Oriented Policing Services  
1100 Vermont Avenue, NW  
Washington, D.C. 20530

To obtain details on COPS programs, call the  
U.S. Department of Justice Response Center at 800.421.6770

Visit COPS Online at the address listed below.

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Created Date: April 11, 2003

[www.cops.usdoj.gov](http://www.cops.usdoj.gov)